

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825

Telephone Numbers:

Administration Unit (916) 263-2540
 Examination/Licensing/Record Storage (916) 263-2544
 Complaint Unit (916) 263-2533
 FAX (916) 263-2469

www.dca.ca.gov/pestboard



**APPLICATION FOR
 STRUCTURAL PEST CONTROL
 FIELD REPRESENTATIVE EXAMINATION
 \$10 PER BRANCH**

DO NOT WRITE IN THIS SPACE

Cashiering Number _____

Status _____

Results _____

Present License No. _____

INSTRUCTIONS:

- Each question must be fully and truthfully answered. Attach sheets to this application wherever so directed or when space is not sufficient.
- An incomplete application will be returned to the applicant.
- A \$10 Examination Fee per branch is required.

SOCIAL SECURITY NUMBER _____**DATE OF BIRTH** _____**DRIVERS LICENSE #** _____**PLEASE PRINT OR TYPE****1. Check Branch in which you are applying for examination:****Branch 1** - The practice relating to the control of household and wood-destroying pests or organisms by fumigation with poisonous or lethal gases.**Branch 2** - The practice relating to the control of household pests excluding fumigation with poisonous or lethal gases.**Branch 3** - The practice relating to the control of wood-destroying pests or organisms by the use of insecticides or structural repairs and corrections, excluding fumigation with poisonous or lethal gases.**Wood Roof Cleaning & Treatment** - The practice of inspecting wood shake or shingle roofs to determine the presence or absence of (1) wood-destroying organisms including decay fungi on the wood shakes or shingles, and resulting decay, and (2) nondecay fungi including mold, mildew, lichen, or moss; cleaning the wood shakes or shingles; and applying wood preservatives to the wood shakes or shingles to prevent infection of wood-destroying organisms or nondecay fungi or further damage from wood-destroying organisms.**2. Check preferred examination location:**

San Bernardino

Sacramento

3. Name of Applicant

(FIRST)

(MIDDLE)

(LAST)

4. Residence Address:

(CITY)

(STATE)

(ZIP)

Telephone Number
Area Code ()**5. Mailing Address:**

(CITY)

(STATE)

(ZIP)

| | | |
|------------|---|---|
| 6. | Employed by: _____ (Firm Name) | |
| 7. | Employer's Address: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> (CITY) (STATE) (ZIP) </div> | Telephone Number Area Code() |
| 8. | Are you 18 years of age or older? | YES NO { } { } |
| 9. | Have you ever applied for the field representative examination? If YES, when? _____ | YES NO { } { } |
| 10. | Are you presently licensed or have you previously been licensed as a field representative in the State of California? If YES, state license number _____ | YES NO { } { } |
| 11. | Have you previously applied for the operator's examination? If YES, when? _____ | YES NO { } { } |
| 12. | Are you presently licensed or have you previously been licensed as an operator in the State of California? If YES, when _____ | YES NO { } { } |
| 13. | Are you now or have you in the past been a partner in a company or an officer of a corporation licensed by the Structural Pest Control Board? If YES, list name(s) of company(s) _____ _____ | YES NO { } { } |
| 14. | Have you, or any company with which you have ever been affiliated, had a professional or vocational license denied, suspended, or revoked by this or any other state? If YES, explain _____ _____ | YES NO { } { } |
| 15. | Have you ever been convicted of any violation of any provision of the Structural Pest Control Act? If YES, explain _____ _____ | YES NO { } { } |
| 16. | Have you ever been convicted of a felony or of a misdemeanor other than a violation of traffic laws? If YES, explain _____ If your answer is YES contact the Structural Pest Control Board for fingerprint cards. Fingerprint cards must accompany this application. | YES NO { } { } |
| 17. | Are you now or have you ever been licensed to do structural pest control in another State? If YES, explain _____ Also, have a certified license history sent to the California Structural Pest Control Board from that State's Licensing Agency. | YES NO { } { } |

18. VIOLATION OF THE SECURITY OF THE EXAMINATION, INCLUDING CHEATING ON AN EXAMINATION, IS A MISDEMEANOR. IF YOU ARE FOUND GUILTY, YOU COULD RECEIVE A FINE, A JAIL SENTENCE OR BOTH. IT IS ALSO REASON FOR DISQUALIFICATION FROM THE EXAMINATION AND DENIAL OF A LICENSE.

IF YOU VIOLATE THE SECURITY OF THE EXAMINATION AND ARE FOUND GUILTY, IN ADDITION TO OTHER PENALTIES, YOU WILL BE HELD LIABLE FOR ACTUAL DAMAGES CAUSED TO THE STRUCTURAL PEST CONTROL BOARD FOR UP TO \$10,000 AND THE COSTS OF LITIGATION (BUSINESS AND PROFESSIONS CODE SECTION 123).

SOME VIOLATIONS OF EXAMINATION SECURITY ARE:

- X Removing examination materials from examination rooms
- X Copying any portion of the examination materials
- X Talking to any other candidate during the examination
- X Copying answers from another candidate
- X Allowing another person to copy your answers
- X Having books, notes, etc. during the examination
- X Taking the examination for someone else
- X Letting someone else take your examination
- X Memorizing questions or answers from the examination to share with others
- X Getting examination questions or other materials before, during or after the examination
- X Selling, buying, receiving any portion of a future, current or previously administered examination

The information on this application is required pursuant to Section 8500 inclusive of the Business and Professions Code. The information is maintained by the Structural Pest Control Board, Examination/Licensing Unit, 1418 Howe Avenue, Sacramento, CA 95825; telephone number (916) 263-2544. All information requested in this application is mandatory, none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information you furnish will be used to determine whether you do or do not meet the examination requirements for the examination for which you are applying. It may be transferred to other law enforcement agencies. You have a right of access to records maintained by this agency which contain personal information about you.

CERTIFIED TRUE STATEMENT

I have read and understand the above and I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. I understand that falsifying information on this application may result in the denial of this application.

Attach 1½" x 2" photo here

Signature of Applicant

Date

IMPORTANT NOTE: REFER TO SECTION 8564 OF THE BUSINESS AND PROFESSIONS CODE TO ENSURE YOU MEET THE ELIGIBILITY REQUIREMENTS FOR LICENSURE.

APPLICATION FOR EXAMINATION

This application must be completed in accordance with the instructions outlined on the first page of this application.

Enclosed is a Examination Admission Card. Type or legible print your name and mailing address on the front of the card and return it with your application. This Examination Admission Card will be sent to you prior to the examination notifying you when and where to appear for the examination.

Please refer to the attached list of examination and final filing dates. Applications received before a final filing date will be scheduled for that month. If you do not plan to take the examination until a specific month DO NOT send in your application until after the previous month's final filing date.

Be sure you are prepared for the examination before applying. Lack of preparation is not considered a valid reason for postponement as provided in section 1941 of the Rules and Regulations. Such request will be denied and the fee forfeited.

If you have any questions regarding the application for examination, contact the Examination/Licensing Unit.

THIS PAGE FOR BOARD USE ONLY

| | | | | | | | | | |
|----------|-----------------------|--------------------|--|--|--|--|--|--|--|
| Branch 1 | | Date Scheduled | | | | | | | |
| | | Identification No. | | | | | | | |
| 11 | Rules and Regulations | | | | | | | | |
| 12 | Fumigation and Safety | | | | | | | | |
| 13 | Identification | | | | | | | | |

| | | | | | | | | | |
|---------------------|--|--------------------|--|--|--|--|--|--|--|
| Branch 2 | | Date Scheduled | | | | | | | |
| | | Identification No. | | | | | | | |
| Examination Results | | | | | | | | | |

| | | | | | | | | | |
|----------|-----------------------------|--------------------|--|--|--|--|--|--|--|
| Branch 3 | | Date Scheduled | | | | | | | |
| | | Identification No. | | | | | | | |
| 31 | Rules and Regulations | | | | | | | | |
| 32 | Damage/Infestation | | | | | | | | |
| 33 | Construction/Repairs | | | | | | | | |
| 34 | Reports and Recommendations | | | | | | | | |
| 35 | Unfavorable Conditions | | | | | | | | |
| 36 | Label Test | | | | | | | | |

| | | | | | | | | | |
|--------------------------------|--|--------------------|--|--|--|--|--|--|--|
| Wood Roof Cleaning & Treatment | | Date Scheduled | | | | | | | |
| | | Identification No. | | | | | | | |
| Examination Results | | | | | | | | | |